

MULTIPLE DEPEN  
CLAI  
FEE CALCULATION SHEET  
(FOR USE WITH FO XTO-875)

CLAIM

SERIAL NO.

10/550470

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		(1)						53					
4		(1)						54					
5		(1)						55					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1												
TOTAL DEP.	5												
TOTAL CLAIMS	6												